SECTION 7

MEDICARE BILLING TIPS

CLAIMS NOT CROSSING OVER ELECTRONICALLY

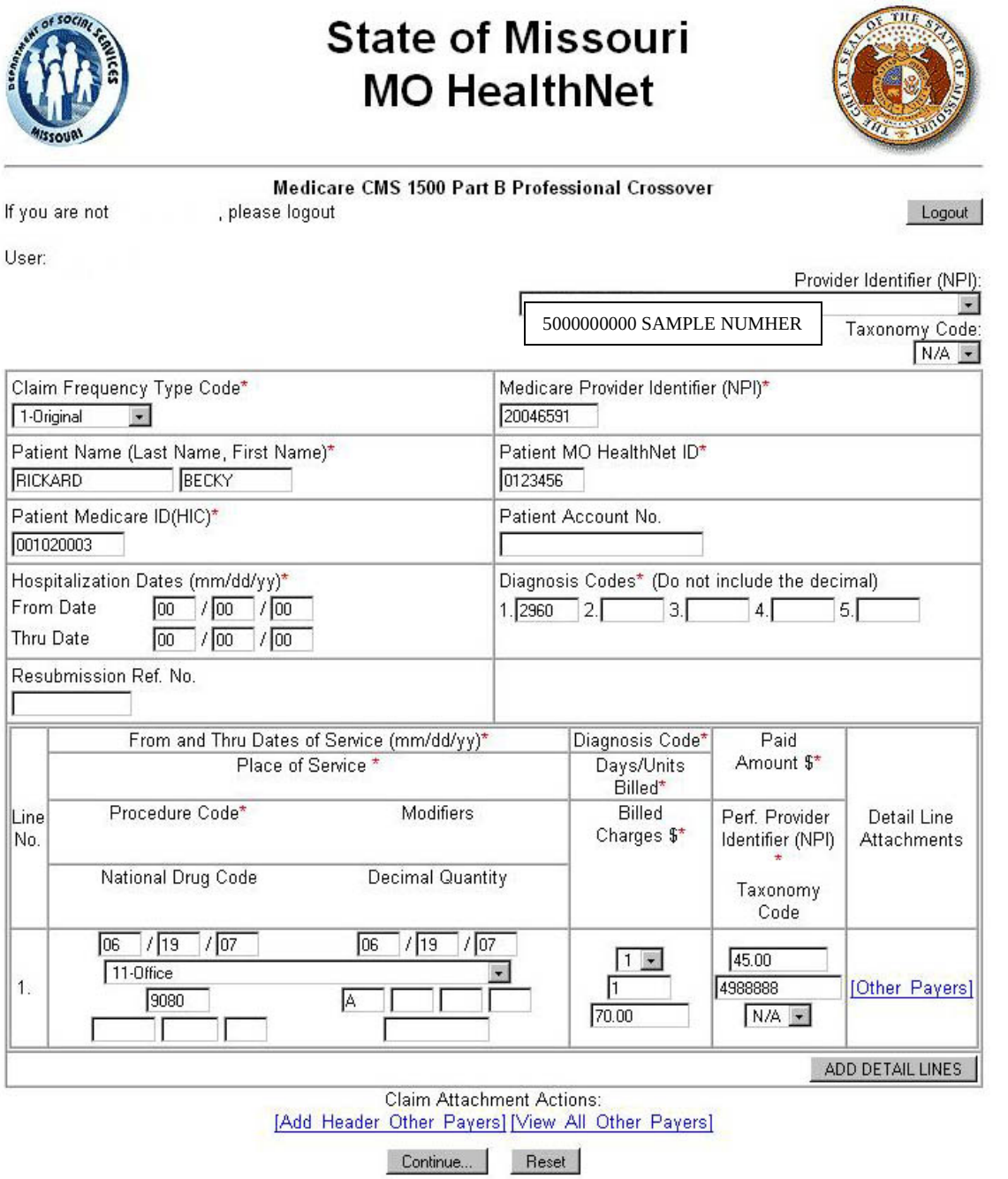
If none of a provider's Medicare claims are crossing over to MO HealthNet electronically, contact MO HealthNet at 573/751-2896 to see if the provider has an NPI on the Medicare file and that it is the correct one. Although Medicare advises that a claim was forwarded to MO HealthNet for processing, this does not guarantee that MO HealthNet received the claim information or was able to process it. If there is a problem with the claim or the participant or provider files, the claim will not process. **A provider should wait 60 days from the date a claim was paid by Medicare before filing a crossover claim with MO HealthNet.** If a claim is submitted sooner, it is possible that the provider will receive a duplicate payment. If this occurs, the provider must submit an Individual Adjustment Request form to have MO HealthNet take back one of the payments.

TIMELY FILING

Claims initially filed with Medicare within Medicare timely filing requirements and that require separate filing of a crossover claim with MO HealthNet must meet the timely filing requirements by being submitted by the provider and received by the MO HealthNet agency within 12 months from the date of service or six months from the date, of the allowed claim, on the provider's Medicare Explanation of Medicare Benefits (EOMB), whichever date is *later*. The counting of the six-month period begins with the date of adjudication of the Medicare payment and ends with the date of receipt.

BILLING FOR ELIGIBLE DAYS

A provider may attempt to bill only for eligible days on the Medicare Part B claim form. In order for crossover claims to process correctly, a provider must bill all dates of service shown on the Medicare EOMB. The MO HealthNet claims system will catch those days' claims containing ineligible days and the claim will be prorated for the eligible days only.



State of Missouri
MO HealthNet

Medicare CMS 1500 Part B Professional Crossover

If you are not , please logout Logout

User:

Provider Identifier (NPI):
5000000000 SAMPLE NUMHER
Taxonomy Code: N/A

Claim Frequency Type Code* 1-Original	Medicare Provider Identifier (NPI)* 20046591
Patient Name (Last Name, First Name)* RICKARD BECKY	Patient MO HealthNet ID* 0123456
Patient Medicare ID(HIC)* 001020003	Patient Account No.
Hospitalization Dates (mm/dd/yy)* From Date 00 / 00 / 00 Thru Date 00 / 00 / 00	Diagnosis Codes* (Do not include the decimal) 1. 2960 2. 3. 4. 5.
Resubmission Ref. No.	

Line No.	From and Thru Dates of Service (mm/dd/yy)* / Place of Service * / Procedure Code* / Modifiers / National Drug Code / Decimal Quantity	Diagnosis Code* / Days/Units Billed* / Billed Charges $*	Paid Amount $* / Perf. Provider Identifier (NPI) * / Taxonomy Code	Detail Line Attachments
1.	06 / 19 / 07 — 06 / 19 / 07; 11-Office; 9080; A	1; 1; 70.00	45.00; 4988888; N/A	[Other Payers]

ADD DETAIL LINES

Claim Attachment Actions:
[Add Header Other Payers] [View All Other Payers]

Continue... Reset

[Home] [Help]

At the MO HealthNet billing Web site, click on 'Medicare CMS 1500 Part B Crossover. That will bring you to the screen above.

- **Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions;**
- **Scroll back to the top of the form and complete all the MO HealthNet header information. Complete the fields as shown above, then complete the Header Other Payer by clicking on 'ADD/EDIT'.**

State of Missouri MO HealthNet

Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare CMS 1500 Part B Crossover claim. Fields marked * must be filled in.

Other Payer #1			
Other Payer ID *	1		
Filing Indicator*	MB-Medicare	Other Payer Name*	MEDICARE E
Paid Amount $	25.88	Paid Date (mm/dd/yy)*	07 / 13 / 07
Header Allowed Amount $ *	32.35	Total Denied Amount $	0.00

Group Codes, Reason Codes & Adjustment Amounts					
Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
Remark Codes					

[Help]

- **Now you are on the Other Payer Header screen. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.**
- **Scroll back to the top of the form and complete the information at the top as shown. For Part B and Part B of A crossover claims, you do not complete the Group Codes, Reason Codes and Adjustment Amounts information. You will be entering this information elsewhere.**
- **Click on 'Done'.**

State of Missouri MO HealthNet

Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare CMS 1500 Part B Crossover claim. Fields marked * must be filled in.

Claim Detail Line #1

Other Payer #1

Other Payer ID *	1	Paid Date (mm/dd/yy)*	07 / 13 / 07

Group Codes, Reason Codes & Adjustment Amounts

Group Code	Reason Code	Adjust Amount $	Group Code	Reason Code	Adjust Amount $
CO-Contractual Obligation	045	9.00	PR-Patient Responsibility	002	6.47
PR-Patient Responsibility	122	9.65			

[Help]

- **Now you are on the Other Payer Detail screen. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.**
- **Scroll back to the top, complete the Medicare paid date information as well as the Group and Reason Codes and Adjustment Amounts. See above sample. If the reason codes are not listed on your Medicare EOMB, choose the most appropriate code from the list of "Claim Adjustment Reason Codes" from the HIPAA Related Code List. For example, the code on the Claim Adjustment Reason Code list for deductible amount is 1 and for coinsurance amount is 2. Therefore, you would enter a Reason Code of '001' for deductible amounts and '002' for coinsurance amounts due.**
- **The 'Adjust Amount' should reflect any amount not paid by Medicare including deductible, coinsurance and any non-allowed amounts.**